



Dream Catcher Science Program

APPLICATION FORM

DEADLINE FOR RECEIPT OF APPLICATION: MAY 22, 2003

PLEASE PRINT – USE BLACK OR BLUE PEN

Student Information

Name: _____
(Last) (First) (Middle)

Date of Birth: _____

Name of Parent/Legal Guardian: _____
(Please list the name of one parent/legal guardian)

Mailing address: _____
(City, State) (Zip)

Telephone number (*for notification purposes*): _____

Education Information

School: _____ Grade Level: _____

GPA: _____

Previous Participant? (check one) Yes ☐ No ☐

If YES, what workshop(s) did you participate in? _____

How did you hear about this program? (Please check all that apply)

SNL employee ☐; parent(s) ☐; relative(s) ☐; friend(s) ☐; or counselor/teacher ☐

Name of counselor/teacher: _____

Other source (specify): _____

Module Preference

Please number in order of preference (1-3) the workshop you wish to attend. If your first preference is filled, you will be assigned to your second or third, as available. (Students may not repeat previously taken workshops.)

____ Medical ____ Engineering ____ Exploratory

(Optional) The following information does not affect participation in the program:

Check One: Male ☐ Female ☐

Check One: Black ☐ American Indian ☐ Asian ☐ Hispanic ☐ Other ☐

Tribal Affiliation: _____

Students will be notified no later than **May 29, 2003** if he/she has been selected for the program. Parents/Legal guardians are encouraged to attend the workshops with students.

Mail this application and accompanying release forms to:

Tricia Toya

Sandia National Laboratories

PO Box 5800, MS 0958

Albuquerque, NM 87185-0958

RETURN THIS FORM WITH APPLICATION

 <p><i>Dream Catcher Science Program</i></p>	<p>RELEASE AND INDEMNITY FORM</p>
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I. Voluntary Participation

I, _____ (Parent/Legal Guardian), acknowledge that my child, _____ (Student's name) is voluntarily participating in the Dream Catcher Science Program workshops, sponsored by the American Indian Outreach Committee (AIOC) of Sandia National Laboratories (SNL), and held at the National American University (NAU) on Tuesday and Thursday evenings beginning **June 3 through June 19, 2003**.

II. Assumption of Risk

I have been fully advised that there exist potential risks incidental to my child participating in the Dream Catcher Science Program workshops. These risks may include, but are not limited to, burns, scrapes, and exposure to household chemicals. I am aware that certain of these dangers and hazards may be incidental to the activities involved in these instructional workshops. I also realize that not all of the risks and hazards of these activities are known. I give my permission for my child to participate in this activity with knowledge of the possible risks involved of personal injury or property damage and verify this statement by placing my **initials here**: _____

I understand that it is my personal responsibility to judge the suitability of my child's participation in this program and verify this statement by placing my **initials here**: _____

III. Release

As consideration for my child being permitted to participate in the above-described instructional workshops and use of the facilities at NAU, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against the AIOC or Sandia National Laboratories or NAU or any and all agents, officers, employees, subcontractors, or instructors (independent contractors, or otherwise) for any personal injury or property damage resulting from negligence or other acts, howsoever caused, by any employee, officer, agent, subcontractor, or instructor (independent contractor or otherwise) of the AIOC or Sandia National Laboratories or NAU as a result of my child's participation in the above-described workshops. I hereby release AIOC, Sandia National Laboratories, NAU and any or all agents, officers, employees, subcontractors, or instructors (independent contractors or otherwise) from all actions, claims, causes of action, or demands, known or unknown, fixed or contingent, that I, my assignees, heirs, distributees, guardians, and legal representatives may have or may hereafter have for personal injury or property damage resulting from my child's participation in the above-described instructional workshops.

It is my intention to exempt and relieve the AIOC, Sandia National Laboratories, NAU, and any and all agents, officers, employees, subcontractors, and instructors (independent contractors or otherwise) from liability for personal injury or property damage from negligence or other acts, howsoever caused. I verify this statement by placing my initials here: _____

IV. Knowledge and Voluntary Execution

I have carefully read this Agreement and fully understand its contents. I am aware this is a release of liability and a contract between Sandia National Laboratories and myself. I am fully aware of the legal consequence of signing this document.

V. Indemnity

I agree that in the event any claim relating to any matter bound by this release and indemnity agreement for personal injury or property damage shall be prosecuted against Sandia National Laboratories, and any and all agents, officers, employees, subcontractors, instructors (independent contractors or otherwise), I, my assignees, heirs, distributees, guardians, and legal representatives shall indemnify and hold Sandia National Laboratories, NAU, and any and all agents, officers, employees, subcontractors, instructors (independent contractors or otherwise), harmless from any and all claims or causes of action by whomever or wherever made or presented for personal injuries or property damage.

Executed at _____, New Mexico, this _____ day of _____, 2003.

Student Signature

Parent/Legal Guardian Signature

Witness: _____

Dated: _____

RETURN THIS FORM WITH THE APPLICATION

 <i>Dream Catcher Science Program</i>	CODE OF PERSONAL CONDUCT FORM
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Dream Catcher Science Program student participants are expected to conduct themselves responsibly. Improper conduct and/or violation of the following regulations establish grounds for removal from the program. Violations including, but not limited to, vandalism of government property, may result in criminal prosecution.

Conduct such as, but not limited to, the following is improper and establishes grounds for **complete removal from the program:**

1. Striking another individual,
2. Using threatening or abusive language,
3. Behaving indecently,
4. Performing vandalism (including graffiti) on school facilities, buses, or classroom equipment/materials,
5. Possessing drugs or alcoholic beverages,
6. Being insubordinate to the bus driver.

Conduct such as, but not limited to, the following is improper and establishes grounds for **temporary removal from the program for the day:**

1. Being insubordinate to Dream Catchers Staff (volunteer instructors, teachers, coordinators),
2. Being out of compliance with middle school dress code.

We, the undersigned, have read and understand the above Code of Personal Conduct. Our signatures constitute agreement with the regulations

Date

Signature of Student

Date

Signature of Parent/Guardian

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Dream Catcher Science Program

PHOTOGRAPH PERMISSION

I hereby give permission for the above-named student to have his/her picture taken while participating in activities associated with Dream Catcher Science Program workshops. Pictures become the sole property of Sandia National Laboratories and will be used for recruiting/information-sharing purposes.

Date

Signature of Parent/Guardian

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Dream Catcher Science Program

MEDICAL MODULE RELEASE FORM

Student's Name: _____

School: _____

The Medical module will provide students with an opportunity to explore the medical profession and to interact with University of New Mexico (UNM) American Indian medical students. It will afford the students an opportunity to experience at first hand what a health profession requires and how to plan to achieve a career in that field.

One session will include the examination of human hearts, eyes or lungs. UNM Medical School personnel will provide the organs, while American Indian medical students facilitate the examination. Student participants of workshops will be using hearts, eyes or lungs from deceased individuals and will have physical contact with the organs. All necessary precautions will be maintained to ensure proper conduct and respect of the tissue. If you or the above-named student participant becomes uncomfortable with this session, plastic organs will be available for use.

Please check the appropriate statement below and provide your signature at the bottom of this form.

_____ **YES**, I give my consent for the above-named student to examine the human heart, eyes or lung.

_____ **NO**, I do not wish the above-named to examine the human heart, eyes or lung.

Date

Signature of Parent/Guardian